## INDEPENDENT SMALL BUSINESS GASOLINE MARKETER AFFIDAVIT & WORKSHEET FOR CERTIFICATION OF STAGE II VAPOR RECOVERY EQUIPMENT EXEMPTION

Commonwealth of Virginia		
City/County of		
I certify that:  I am an independent small business gasoline marketer engaged in the the following gasoline dispensing facility located in the Commonwea		
Facility Name:	_	
Address:		
	_	
	_	
Is the above facility used exclusively for the refueling of marine vehic aircraft, farm equipment, and/or emergency vehicles?  (If yes, stop here, sign and notarize page two, and return all of this document to the DEQ)	les, YES	NO
*What is the above facility's Average Monthly Throughput (AMT) (If AMT if less than 10,000 gallons, stop here, sign and notarize page and return all of this document to the DEQ)	e two,	gallons
Do you own the above gasoline dispensing facility AND are you required to pay for the procurement and installation of vapor recovery equipment?  (If no, stop here and return this document to the DEQ with contact information of the owner of the above gasoline dispensing facility.)	YES	NO

*What percentage of your annual income is from the marketing of gas	oline?	%
*Are you a refiner of gasoline? (if yes, then what percentage of your annual income is from the refining of gasoline?)	Yes	No %
Does a refiner own more than 50% of your business?	Yes	No
Does your business own more than 50% of a refiner?	Yes	No
Does another company/person own more than 50% of your business?	Yes	No
If yes, does that company/person own more than 50% of a refiner?	Yes	No
Is your business directly or indirectly affiliated with a refiner,		
company, or person? If yes, then:	Yes	No
Do they own more than 50% of a refiner? or,	Yes	No
Does a refiner own more than 50% of them?	Yes	No
	1 65	110
Is this affiliation solely by means of a supply contract or trademark	<b>3</b> 7	N
agreement?	Yes	No
(Sign	nature of	
		Marketer)
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Subscribed and sworn to before me by		e of Marketer)
		e of Marketer)
Subscribed and sworn to before me by	·	e of Marketer)

## INDEPENDENT SMALL BUSINESS GASOLINE MARKETER WORKSHEET

Fac	ility Name		
Fac	ility Owner		
Fac	ility Location		
<b>A</b> .	Gross Income (TOTAL income for the most recent calendar year)	<b>\$</b>	
В.	Gross Income from Gasoline Sales (Income from gasoline sales ONLY, NOT including diesel, for the same 12 months used in Question A)	\$	
C.	Gasoline Sales % = (Answer to Question B ÷ Answer to Question A) × 100		
D.	Gallons of gasoline pumped in the last 2 calendar years	gallons	
Е.	Average Monthly Throughput = Anwer to Question D ÷ 24	gallons	
_	ree that these figures are accurate and I have <b>attached docume</b> ome from Gasoline Sales for the last calendar year; and, Gasoli	· · · · · · · · · · · · · · · · · · ·	
Ow	ner's Signature		
Cor	poration's Name		
Dot			